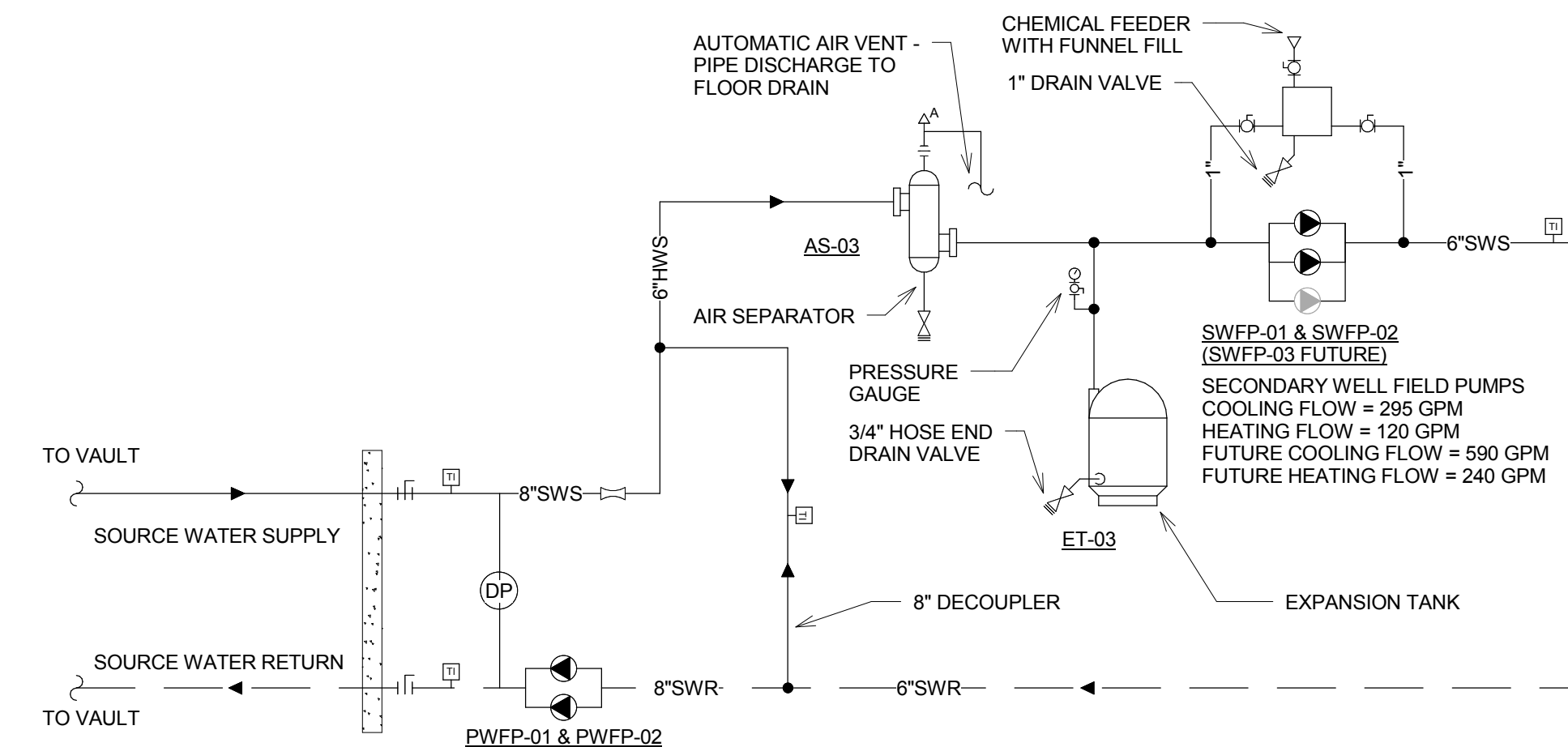
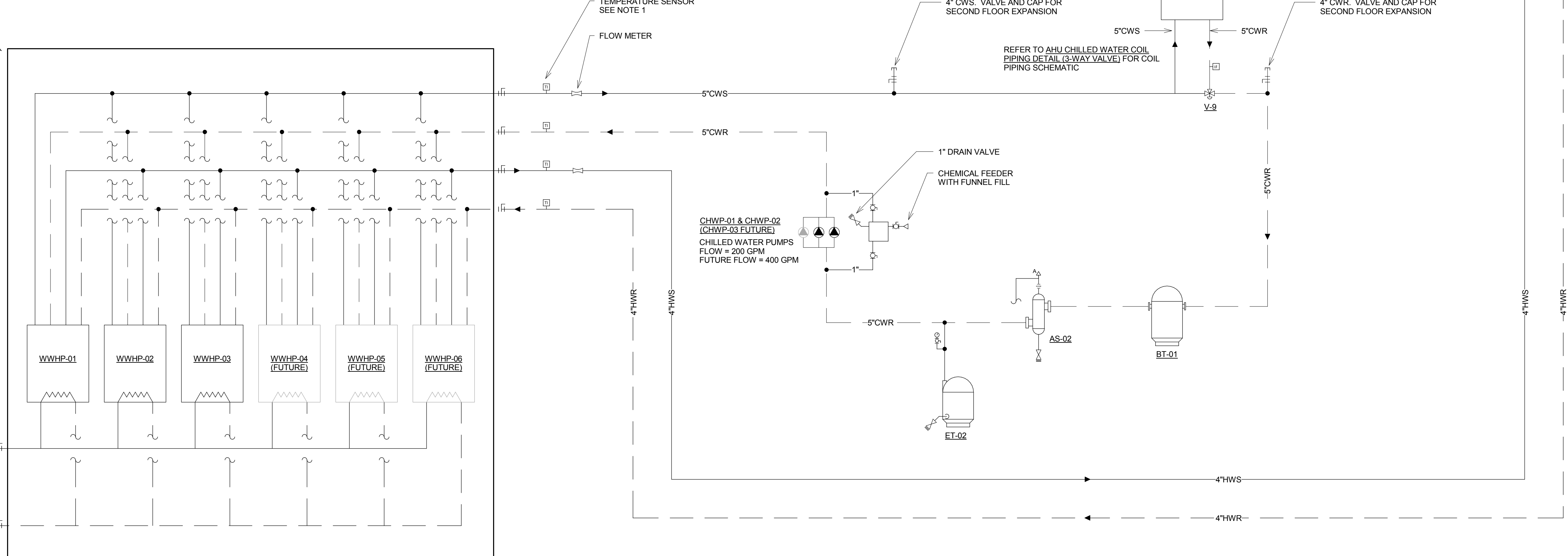


NOTES:
 1. PROVIDE A THERMOMETER IN ADDITION TO TEMPERATURE SENSOR AT ALL LOCATIONS SHOWING A TEMPERATURE SENSOR.
 2. REFER TO MECHANICAL AND PLUMBING DETAILS FOR ADDITIONAL VALVES, FITTINGS, AND SENSING DEVICES NOT SPECIFICALLY IDENTIFIED ON FLOW DIAGRAM.

ALL PIPING SHOWN IN BOX IS INTEGRAL TO WATER TO WATER HEAT PUMP SYSTEM



100% OWNER REVIEW
 NOT FOR CONSTRUCTION
 12/16/2011

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I hereby certify that this plan, specification or report was prepared by me or under my direct supervision and that I am a duly licensed Engineer under the laws of the State of Minnesota.
 Signature _____
 Registration No. _____
 Date 11/17/2011

APPROVED: SERVICE LINE DIRECTOR	DATE	APPROVED: INJECTION CONTROL NURSE	DATE
APPROVED: GEMS COORDINATOR	DATE	APPROVED: PATIENT SAFETY	DATE
APPROVED: PROJECTS SECTION MANAGER	DATE	APPROVED: CHIEF OF POLICE	DATE
APPROVED: DIRECTOR FMS	DATE	APPROVED: SAFETY MANAGER	DATE

TRAINING TITLE	DATE
MECHANICAL FLOW DIAGRAM	
APPROVED: CHIEF OF STAFF	DATE
APPROVED: MEDICAL CENTER DIRECTOR	DATE

PROJECT TITLE	DATE
LONG TERM / INTERMEDIATE PSYCHIATRIC UNIT	12/16/2011
BUILDING No.	DM
PHASE	BB
LOCATION	4801 VETERANS DR. SAINT CLOUD, MN
TRAINING No.	M302
DATE	12/16/2011

VAMC SAINT CLOUD MN